

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107520158

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	5		5			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26	1					
27						
28						
29						
30						
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37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.		20				
TOTAL CLAIMS		25				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						